

BMC

Journal of the Canadian
Health Libraries Association

Bibliotheca Medica Canadiana

Le journal de l'Association des
bibliothèques de la santé du Canada

- Memoirs from a Recent Graduate
- The One-Person Library : New Skills and Attitudes
- The Librarian as Publisher
- Entrepreneur, ME ?
- The Librarian as Project Manager
- Project Management : Can Libraries Benefit ?
- Knowledge Management : Your Link to the Future
- Sources of Patient Information
- Software for Interactive Online Reference Service
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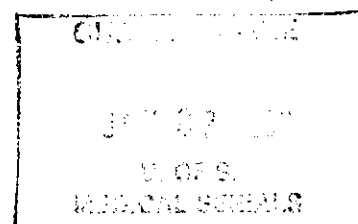
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Volume 20 Number 2, Winter 1998



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BIBLIOTHECA MEDICA CANADIANA

The *Bibliotheca Medica Canadiana* is a journal providing for increased communication among health libraries and health science librarians in Canada. A special commitment has been made to reach and assist the worker in the smaller, isolated health library.

The *Bibliotheca Medica Canadiana* is published quarterly by the Canadian Health Libraries Association. Opinions expressed herein are those of the contributors and the editor and not the CHLA/ABSC.



La *Bibliotheca Medica Canadiana* (BMC) a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillent dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et

celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées.

Bibliotheca Medica Canadiana est publié 4 fois par année par l'Association des bibliothèques de la santé du Canada. Les articles paraissant dans *BMC* expriment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.



Indexed in/Indexé par: *Library and Information Science Abstracts (LISA)* and *Cumulative Index to Nursing and Allied Health Literature (CINAHL)*.



A subscription to *Bibliotheca Medica Canadiana* is included with membership in CHLA/ABSC. The subscription rate for non-members is \$75/year. ■

1998-1999

PUBLISHING SCHEDULE

| Deadlines for: | Submission | Publication | |
|----------------|--------------|--------------|---------|
| volume 20 (3) | 18 December | 03 March | 1998/99 |
| volume 20 (4) | 19 March | 07 June | 1999 |
| volume 21 (1) | 04 June | 07 September | 1999 |
| volume 21 (2) | 11 September | 04 December | 1999 |

1998-1999

CALENDRIER DE PUBLICATION

| Numéro : | Soumission | Publication | |
|---------------|--------------|--------------|---------|
| volume 20 (3) | 18 décembre | 03 mars | 1998/99 |
| volume 20 (4) | 19 mars | 07 juin | 1999 |
| volume 21 (1) | 04 juin | 07 septembre | 1999 |
| volume 21 (2) | 11 septembre | 04 décembre | 1999 |

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ISSN 0707-3674

Canadian Publications Mail Product Sales Agreement 1225588

Editor's Message

Anna Gagliardi

The Fall always reminds me of going back to school so this issue of *BMC*, in development during the autumn season, focuses on personal growth and achievements, continuing education and professional development, and alternative career paths for health librarians. As you will see, health librarians are increasingly being included as key contributors to any process involving the management of information and the development of knowledge resources. Hooray for us!

In this issue Cameron Metcalf cleverly relays his perceptions of being a new librarian while Lisa Demczuk describes the challenges of being the single librarian in a one-person library. Three librarians, Tracy Stewart, Rita Vine and Richard Thornley tell us about their positions as information professionals in non-traditional settings. Karen-Ann Moore and Cathy Lindsey-King outline how librarians can expand their abilities through project management and knowledge management. Program evaluation is another skill

that librarians can apply to their professional activities and Liz Bayley reviews for us a program evaluation toolkit.

For those of you unable to attend the 1998 CHLA/ABSC conference in Ottawa-Hull, we offer four presentation summaries from Jessie McGowan, Susan Murray, Julie Glanville and Elizabeth Reid. Our regular columnists, Susan Murray, Rita Vine and Bev Brown keep us up-to-date with issues related to consumer health, interactive online reference service and DOCLINE, respectively. More interesting and relevant information is available through our *Currents in Library Research* and *News and Notes* sections.

Many thanks to the *BMC* Assistant Editor, Mary Robinson, for her contributions to this issue.

Remember that your feedback and opinions are always welcome so do not hesitate to contact me! ■

23rd ANNUAL CONFERENCE OF CHLA/ABSC 23^{ième} CONGRÈS ANNUEL

"A bridge to the new millenium / Un pont vers l'an 2000"

May 25 - 29, 1999 in Halifax, NS, Canada

Participate in continuing education workshops on such varied topics as :

- lobbying (Dianne Pammett)
- systematic reviews (part 3 of Ann McKibbin's series of workshops relating to evidence based medicine)
 - conflict resolution
 - do-it-yourself mediation
- how to design an effective Web page
- the evaluation of consumer health information resources (Susan Murray)
 - plus others still to be confirmed

Hear speakers, including keynote speakers Jane Beaumont and Dr. Robin Whyte discuss such issues as :

- the future of information systems
 - Cochrane Collaboration
- the implication of CA*NetII for the delivery of health services and information
 - new roles for librarians in the 21st century

Learn what all those new national health information networks are all about, and what some of our colleagues are doing to meet the challenge of providing health information to consumers.

Meet old friends and make new ones at our down-East lobster supper and at the opening reception to be held at the Maritime Museum of the Atlantic where you can also see parts of our Maritime history (including the now-famous Titanic exhibition).

For further details consult the conference Web site at / Pour plus de renseignements, visitez notre site web à :

<http://www.library.dal.ca/chla-absc99>

A Word from the President

Marthe Bideau

By the time you read this column, the meeting of the Board of Directors, scheduled for October 1998, will have already taken place and our new Board will have attended their first meeting. I would like to welcome them and introduce them to you: Liz Bayley from McMaster University is our new Vice-President/President Elect. She will act as a liaison between the MLA and the ABSC/CHLA 2000 Committee. Last summer, she worked with Anna Gagliardi on the design of our Web site. In addition, they carried on the wonderful work that David Colborne started last year. Anna Gagliardi, also from McMaster, is our new *BMC* Editor and you are presently reading her first issue. Anna will also look at the possibility of publishing *BMC* on our Web site, thus reducing production costs. Davida Glazer from the Institute for Clinical Evaluative Sciences is our new Secretary. Finally, last but not least in importance, Laurie Scott from the University of Toronto is our new Continuing Education Director and Coordinator.

It is clear that the arrival of new people means the departure of others. I would like to thank Laurie Blanchard, Janet Joyce, Susan Murray and Shelagh Wotherspoon for their extraordinary work over the past few years. They were truly dedicated to the achievement and smooth functioning of our Association. From the bottom of my heart, thank you!

Janette Hatton from Hamilton has now finished her mandate as the ABSC/CHLA representative for the Canadian Council on Health Services Accreditation. Janette was a great representative and I would like to thank her for her continuous enthusiasm. Cheryl Martin of Belleville, Ontario, has agreed to replace Janette for the next two years and Anne Kilfoil of Saint John, NB, will be the deputy representative. Since the issue of accreditation is still of current interest, do not hesitate to share your comments, concerns and experiences with them. This could certainly help our colleagues who will have to go through the new accreditation process.

Joanne Marshall has just signed a three-month contract to work with Health Canada in expanding the blueprint for a National

Network of Health Libraries in Canada and Jim Henderson has agreed to work with her on this task. Lois Wyndham, the former president of CHLA/ABSC, will also chair a resource group that will provide input for the blueprint development process. The Web site for the National Network of Health Libraries project, funded by Health Canada, has been completed. You can find out more about the project at <http://www.fis.utoronto.ca/people/faculty/marshall/nnhl/index.htm>.

As you are probably aware, Joanne Marshall will be leaving the Faculty of Information Studies at the University of Toronto to take a position as Dean of the School of Information and Library Science at the University of North Carolina at Chapel Hill in January, 1999. However she will continue to work with us since she is the Co-President of the MLA - CHLA/ABSC 2000 Joint Conference. We wish her good luck in her new endeavours.

The sale of the *Benchmarking Toolkit* was a great success. I hope that those of you who have had a chance to see or use the *Toolkit* are pleased with it. We encourage you to buy a copy for your library and to support the investment made in the development of this resource by your Association. The *Toolkit* is a very flexible instrument that can be used in whole or in part to gather data and develop performance indicators that allow you to demonstrate the value of your library.

I would like to encourage all chapters to apply for the CHLA/ABSC Development Fund. The next Board Meeting will be in February and you must submit your proposals one month prior to the Meeting if you want me to present them to the Board.

I would like to close by asking you to think carefully before declining Lois Wyndham's request to submit your candidacy for a Board position. Don't forget that our Association depends on the dedication and commitment of its members. If you have a bit of time and energy to share with us, it would be more than welcome. We need you! It is volunteer work but it is really motivating and gratifying! ■

CHLA-BMC WEB SITE

Please visit the newly re-designed CHLA-BMC Web site at:

<http://www.med.mun.ca/chla/> OR <http://www.med.mun.ca/absc/>

Un Mot de la présidente

Marthe Brideau

Quand vous lirez cette chronique, la réunion du Conseil d'administration aura eu lieu en octobre 1998 et nos nouveaux membres au sein du Conseil auront assisté à leur première réunion. Je désire profiter de cette occasion pour leur souhaiter la bienvenue et pour vous les présenter: Liz Bayley de McMaster University est notre nouvelle vice-présidente/présidente élue. Liz s'occupera de la liaison avec le MLA et avec le Comité 2000 de l'ABSC/CHLA. Elle a aussi travaillé durant l'été avec Anna Gagliardi à la conception de notre nouveau site Web. Elles ont ainsi poursuivi le superbe travail que David Colborne avait débuté l'année dernière. Anna Gagliardi qui nous vient aussi de McMaster est notre nouvelle rédactrice en chef de *BMC* et vous lisez actuellement son premier numéro. Anna va aussi étudier les possibilités de publier *BMC* sur notre site Web et ainsi diminuer les coûts de production. Davida Glazer de l'Institute for Clinical Evaluative Sciences est notre nouvelle secrétaire et enfin, la dernière mais non la moindre, Laurie J. Scott de l'University of Toronto est notre nouvelle directrice et coordonnatrice de la formation professionnelle.

Évidemment, avec l'arrivée de ces nouvelles personnes, cela signifie le départ de d'autres et je m'en voudrais de ne pas les remercier pour leur excellent travail au cours des dernières années. Il s'agit de Laurie Blanchard, Janet Joyce, Susan Murray et Shelagh Wotherspoon. Ces personnes se sont dévouées sans compter pour l'avancement et la bonne marche de notre association. Du fond du coeur, merci!

Janette Hatton, de Hamilton a maintenant terminé son mandat de représentante de l'ABSC/CHLA au sein du Conseil canadien d'agrément des services de santé. Janette a bien su nous représenter et nous la remercions pour son enthousiasme constant face à ce mandat. Cheryl Martin de Belleville en Ontario a accepté de la remplacer pour les deux prochaines années et Anne Kilfoil de Saint John au Nouveau-Brunswick sera représentante adjointe. Comme l'accréditation est toujours un sujet d'actualité, n'hésitez pas à leur faire part de vos commentaires, de vos inquiétudes et de vos expériences. Cela pourra sans contredit aider vos collègues qui auront à passer à travers le nouveau processus d'accréditation.

Joanne Marshall vient tout juste de signer un contrat de trois mois pour travailler avec Santé Canada pour étoffer le document de conception d'un réseau national des bibliothèques de la santé au Canada et Jim Henderson a accepté de l'épauler dans cette tâche.

Lois Wyndham, ancienne présidente de l'ABSC/CHLA, présidera également un groupe de travail qui apportera son aide au processus d'élaboration du document de conception. Le site Web du projet d'un réseau national des bibliothèques de la santé qui est financé par Santé Canada est maintenant complété. Pour de plus amples renseignements sur ce projet, il vous suffit de vous rendre à l'adresse électronique suivante <http://www.fis.utoronto.ca/people/faculty/marshall/nnhl/index.htm>.

Comme vous le savez sans doute déjà, Joanne Marshall quittera ses fonctions à la Faculty of Information Studies de l'université de Toronto pour occuper le poste de doyenne de la School of Information and Library Science de l'université de la Caroline du Nord à Chapel Hill en janvier 1999. Elle va quand même continuer à travailler avec nous puisqu'elle est coprésidente du Congrès conjoint MLA - ABSC/CHLA 2000. Nous lui souhaitons bonne chance avec ses nouveaux projets.

La vente de *l'outil de travail sur l'étalonnage* à l'intention des bibliothèques de santé a connu un grand succès. J'espère que tous ceux et toutes celles qui ont la possibilité de le voir et de l'utiliser en sont satisfaits. Nous vous encourageons à en acheter un exemplaire pour votre bibliothèque et ainsi aider votre association qui en a assumé les frais d'élaboration. Il s'agit d'un outil très flexible qui peut être utilisé en tout ou en partie pour recueillir des données et établir des indicateurs de rendement qui vous permettront de déterminer la valeur de votre bibliothèque.

En tant que chapitre, je vous encourage à présenter une demande au Fonds de développement de l'ABSC/CHLA. La prochaine réunion du Conseil aura lieu en février prochain. Vous devez donc me soumettre vos propositions un mois avant cette date pour que je puisse les présenter au Conseil.

Enfin, je vous laisse en vous disant de bien réfléchir avant de dire "non" lorsque Lois Wyndham, présidente sortante, vous contactera pour vous demander de présenter votre candidature pour un poste au sein du Conseil d'administration. N'oubliez pas que l'Association survit grâce au dévouement et à l'engagement de ses membres. Si vous avez un peu de temps et d'énergie à nous consacrer, cela serait des plus appréciés. Nous avons besoin de vous! C'est un travail bénévole, mais combien motivant et gratifiant! ■

Dear Mark : A Recent Graduate's Letter to His Mentor

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September 11, 1998.

Dear Mark,

A significant occurrence has coincided with my graduation from Library school this past May. For the first time in my life I have voluntarily integrated tofu into my diet. Of course it's not the first time I've gone toe to toe with tofu. I've consumed it as the meat supplement in chili, naively devoured it in numerous Chinese restaurants, and it was once the binding ingredient in a creamy concoction of mayonnaise and the fruit of avocado at a friend's birthday party.

Since I have started working in the library at the Ottawa General Hospital, friends, relatives and new acquaintances have asked for an explanation of what I do for a living. I find at times, I am unable to confess that I am a "librarian." Nothing kills the party faster than making this open proclamation. So I find ways to get around the question by alluding to "library-related work -- research" or I've bluntly admitted that "I spend my days trying to outstare a cathode ray tube". With the latest shifts in the organizational structure of the Ottawa Hospitals, my workdays are replete with work that is about work, sensing the shift in corporate culture, adapting to the increasing burden of "hospital," not "library-oriented" business. When someone asks, "What do you do for a living?" the query is sometimes cynically matched with the interrogative retort, "How do you spell bureaucracy?"

But getting back to tofu. My decision to begin eating it cannot be based on vegetarian principles. I'm still eating meat, you see. Last night for instance, a few friends got together for a barbecue and I can assure you, nary a soybean curd carcass was sacrificed on the grill in the name of "supper"; it was hamburgs and dogs for us. When I cook with tofu, it's usually complimented by some meat element anyway. The first time I cubed the stuff up and scraped it into a sordid stirfry, I bathed the green pepper, onion, garlic and tofu mélange in a rich gravy provided by a store-bought package of Swiss Chalet dry mix sauce. I eat tofu then, not as an alternative to meat, but because it serves as an added ingredient that holds the other accompanying ingredients in their place. It is a natural, neutral filler: more nutritious than sawdust, less expensive than ground beef or slivers of chicken.

Mark, you assured me that once I got out of school, most of my learning would take place in my first year on the job. You were

right in suggesting this, however certain aspects of my new job as a librarian at the Ottawa Hospital -- General Campus, cause me to reflect on my school experiences. In either case I feel myself identifying progressively closer to my newfound food staple. For example, I've had a couple of tough reference interviews wherein I've tried to demonstrate my expertise in database searching without coming right out and exclaiming defensively, "Look, I've been

studying and practising MEDLINE for the last two years and was awarded a degree in the meantime!"

In one interview a young resident for whom I was preparing a literature search became incredulous that I would be able to execute the research she needed. She balked when I demanded an elaboration on radius fractures and the interosseous membrane. Sensing her distrust, I self-consciously tried to dissolve my feelings to frantically validate my capabilities. I tried to neutralize the verbal power struggle that was, in reality, taking place. "A conversation," I said to myself, consolingly, keeping

my breathing even, "keep it buoyant and light." But all the while the discussion on fractures took place, I chanted feverishly and childishly in my head:

*I am tofu, you are too.
Whatever you say bounces off me.
And bounces off you;
then bounces off me again...*

I guess what I'm saying, Mark, is that I'm surprised to find myself with some of these doubts related to my degree and occupation. I'm breaking from the starting gate of my library career, wasting my breath in insisting I deserve to be taking part in the race. I am fortunate. I triumphed a job interview process to win a position at the hospital; I like my employer very much and my colleagues are quickly becoming good friends. Competitors in the information field have lanes of their own that do not overlap with my running space. The MBA graduate is well-dressed, well-versed, but running in the opposite direction while the comp-sci grad is puffing at a different pace altogether. I should take comfort in recognizing I own the ground beneath my feet. So I let this race run its course without overanalyzing the odds or track conditions.

It's not like I didn't know what to expect in making the disorienting transition of student to librarian...we often speculated upon the "librarian stereotype" in school. After a particularly volatile

database management class comprising a mix of MBA and MLIS students, some frustrated chatter erupted from cowed future-librarians who pondered the determination of MBA students who dominated the discourse of recent lectures. We sensed an over-exuberant boisterousness was pervading the classroom to keep us librarians in our place. "Sheesh," one woman quipped, "what are they afraid of? That we'll go out and paint the town beige?"

There is no doubt that, in some way, all the library students managed to meet at least some of the characteristics of the "librarian stereotype." On one celebratory gathering following our graduation, one MLIS comrade somberly declared, "Man, just think, if I hadn't come to Dalhousie, I wouldn't have met all the interesting people that I did." He continued in a teasing grumble, looking over the table gloweringly, "Then again, if I hadn't come to Dalhousie, I wouldn't have met all you dull people, either."

To appear dull though, to be so much as bland, has a particular advantage: it allows us to provide a service that can impress and gratify those people who, being served for the first time, don't know what to expect of their neighbourhood librarian. The incredulous resident (mentioned above) was enthralled to receive a print-out of relevant clinical studies that I had harvested later that day.

She and others keep coming back with new queries and higher expectations. "Hey," my boss shrugs matter-of-factly, "we do good work here and our library users know that."

Look, here's the straightforward answer to friends, family and new acquaintances: I work in the special library of a hospital. Some of my daily contributions are self-evident, some of them are conducted unseen, but I'm almost always wearing the beige uniform of my occupation: camel-coloured trousers and light linen button-downs. In the larger picture of the hospital environment I don't always feel that I'm an essential entity, but most days I can't help but feel that I've been a crucial resource for doctors, nurses and therapists. Almost every day I am the binding ingredient, the liaison between vital information and those who require it. My disguise is that of a librarian.

Take care, I'll write again soon.

Cameron

P.S. How do you spell bureaucracy? I'll tell you in a minute, but first I gotta get permission from my supervisor.

P.P.S. How's the cat doin'?

Editor's Note: Mark is a Technical Services Librarian at DalTech.

Author Information

Cameron Metcalf is a recent graduate from Dalhousie University's MLIS program. He works in special library at the Ottawa Hospital – General Campus.

The One-Person Library : New Skills and Attitudes

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Background

The Federal Laboratories Library serves the approximately 225 staff of the Federal Laboratories in Winnipeg. This facility, ten years in the planning and construction, houses research and support staff for Health Canada's Bureau of Microbiology and the Canadian Food Inspection Agency / National Centre for Foreign Animal Disease. Staff devoted to laboratory management and biosafety are also on site. The library for this facility was originally planned with two professionals and two support staff. Some downsizing initiatives within the Federal Laboratories resulted in the present situation of one librarian as the sole staff person.

After several months of long-distance consultation and collection development with a Health Canada Library Manager in Ottawa, the library became operational when I arrived to take the position on May 25, 1998. The library offers approximately 85 current journal subscriptions and a monograph collection of approximately 430 volumes. Services include interlibrary loan (ILL) and document delivery (DD), reference assistance, comprehensive literature searches, and training in the use of networked CD-ROM databases (Medline, VetCD, Current Contents).

The Challenge

The institutional challenge has been to provide relevant services and materials to the staff of the Federal Laboratories. The necessary amount of physical set-up required when I began the position meant a delay before many of the services could be provided or before materials were entirely available to staff. The personal challenge has been adapting to the environment of the one-person library and the acquisition of new skills and attitudes to deal with this unique situation.

Technical Skills

One of the basic requirements in the one-person library is an understanding of the day-to-day clerical and technical processes of the library. With previous experience in a university library and a Health Canada network library in Ottawa, I was familiar with significant administrative, clerical, and technical support services. Unfortunately, I did not have the opportunity to spend time practicing many of the necessary procedures performed by these staff

members before taking this position. Learning on the job has become a necessity and, fortunately, Health Canada library staff are available for assistance by e-mail, telephone and fax. All of the materials-processing and record-keeping routines, as well as the circulation system and ILL/DD services, have had to be established and maintained. Periodic tasks such as journal claiming have also been new experiences for a reference librarian.

Prioritizing and Flexibility

The Federal Laboratories Library provides a full range of services from one staff position. As the sole librarian, I have experienced many different and competing demands for various levels of service. Processing and filling interlibrary loans, conducting

literature searches, and having the library budget information available for management are typical demands that can occur almost simultaneously. The ability to move from one task to another, to have the flexibility to drop one demand for another, has become a necessary skill for the day-to-day operation of the library. The background organization required to juggle the various services, procedures, and management

information is critical. As a reference librarian I was able to organize my work satisfactorily; to add to that the systems, filing, record-keeping, and calculation of library statistics has, at times, been overwhelming. A worthwhile expenditure for the one-person library at the start of its operations would be consultation from an administrative person or library technician/clerk to establish many of the background organizational requirements.

Accountability

Unlike most reference situations where time is scheduled on a reference desk, or the librarian is available by appointment or need, the one-person library staff person must be constantly available, either in person or by phone. The librarian in such a setting becomes identified with the library; she/he is the sole provider of information and an expert regarding all the library's services and resources. Problems, complaints, and demands must always be satisfactorily resolved by the only staff person in the one-person library. The Federal Laboratories Library does not yet have a separate office for the librarian; there is no private work-space even if a sign "back in 30 minutes" could be put on the desk. As it is, the library is left unstaffed during lunch breaks, meetings and appointments. Finding uninterrupted time to do an online search can be a challenge.

Learning on the job has become a necessity and, fortunately, Health Canada library staff are available for assistance by e-mail, telephone and fax.

In the case of the Federal Laboratories Library, the library position is supervised by the director of Finance and Administration, whose office is in a separate building, elsewhere in the city. While major capital expenditures, such as computer equipment, or changes in the journals subscriptions budget, need to be approved by the supervisor, very little of the day-to-day business of the library is reviewed by the supervisor. As librarian, I have made policy and procedure decisions and am accountable to the library's clients for the services provided. Working with minimal direct supervision is a new and challenging experience. Skill is required to decide which matters warrant forwarding to the supervisor. Particularly important is learning how to catch the attention of a supervisor who has many responsibilities, of which the library is only a small part.

Promoting

The one-person library may have difficulties advertising its presence, especially when the library has recently opened. Staff of the Federal Laboratories have been arriving and taking up their positions throughout the past eight months. Currently, their time is spent setting up laboratories in preparation for a more regular work and research pattern. While I now have more than enough work, advertising of services and resources was required during the first few weeks of the library's operation. E-mail is a wonderful tool for sending out short promotional notices. I have done this every two to three weeks to advertize new library services, provide information on policies such as circulation and interlibrary loan, and to invite staff for tours of the library and training sessions on bibliographic databases. A brochure was designed which outlines library services and provides brief instructions on how to look for articles and submit document requests - a useful item to have on the counter for those invariable times when I am not in the library.

The brochure has also been distributed through the internal mail system to alert staff to available services.

Unlike most reference situations where time is scheduled on a reference desk, or the librarian is available by appointment or need, the one-person library staff person must be constantly available, either in person or by phone.

As the sole librarian, I have found that meeting individuals in the building at staff events or in the cafeteria can help to establish new library clients. Statistics on client traffic have shown a steady increase in library visits over the past three months. As with many services, word-of-mouth is one of the best forms of advertising. The recipient of a useful literature search or helpful reference assistance shares this experience with colleagues, and more requests come in as a result. Proactively seeking opportunities for the library to perform a service has also been a successful promotional strategy. A workshop for international participants will be held at the Laboratory in a few weeks and I have offered to provide a bibliography of the most recent literature in the subject area for the those attending.

Conclusion

For a reference librarian, becoming the sole staff person in a library, combined with the loss of colleagues, support services, and supervision, can be a frustrating experience. Yet building a client-base by providing the required resources and services in such a challenging environment is a very satisfying process. Success is dependent on learning new skills and attitudes, mastering the necessary technical and organizational procedures, developing the capacity to adequately prioritize activities and demands, and the ability to be flexible. The librarian also needs to recognize the accountability of the position for all the library's services, and proactively promote the library's services and resources. By developing new attitudes, work processes, and skills, the reference librarian making the transition to the one-person library can make the experience a rewarding one. ■

Author Information

Lisa Demczuk graduated from the Faculty of Information Studies, University of Toronto in 1997. While going to school, she worked in the Circulation Department of the University of Guelph Library, then took a term reference position in the Science Department after completing her MLS degree. She moved to Ottawa and worked at the Environmental Health Library at Health Canada between 1997-1998 and recently accepted the position of Librarian at the Federal Laboratories in Winnipeg.

The Librarian as Publisher

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I work as the Online Editing Specialist at Synapse Publishing Inc. (SPI) in Edmonton [<http://www.medlib.com>]. A fancy title indeed, but what does it mean? First I will describe SPI and then discuss my role with the organization.

SPI is a software development company that produces *Disease Guidance Systems (DGS)*. Our first product is the *Stroke Guidance System*, which is intended for use in emergency departments and neurology wards [<http://www.medlib.com/spi/sgs.htm>]. When a patient enters the hospital and a stroke diagnosis is established, the physician inputs key information about the patient's episode into a computer terminal. The *Stroke Guidance System* then displays four goals that must be met to successfully treat the patient, including pertinent investigations and interventions. Associated with each goal are several checkboxes where the physician can make decisions and input orders. Almost every decision point displays a book icon; by clicking on this image, a physician can read a short précis page written by an SPI faculty member about factors that must be considered when making his/her decision. The précis page also contains links to relevant evidence.

Some examples of the evidence currently found in our *Stroke Guidance System* are the "Cochrane Database of Systematic Reviews"; "Stroke : A Practical Guide to Management" (Warlow et al., 1996, Blackwell Science); various American Heart Association guidelines; AHCPR guidelines; MEDLINE abstracts and patient brochures. This literature is available through the Internet, enabling us to make changes quickly when new updates are released. SPI's goal is to encourage the practice of evidence-based medicine by bringing the evidence to the physician where it is needed—in the clinical setting, as decisions are being made.

As Online Editing Specialist, I am in charge of our Publishing Department, which consists of one assistant and myself. One of our functions is to support the content development process by providing basic search services and obtaining articles. To keep the *DGS* editors up to date, I run monthly MEDLINE and EMBASE SDI searches. In the past, I attended faculty retreats and conducted online/Internet searching and document delivery in remote locations.

My department's primary function is to incorporate the précis and associated literature into the *DGS*. I edit the précis written by the faculty for consistency and bibliographic style, and I create the hypertext links between the précis and the literature.

The textbooks, databases and articles used in the *DGS* are selected by faculty members. However, my assistant and I are responsible for obtaining permission to use the work from the publisher, and then converting the work to the format used in the

DGS's. Copyright permissions are a continuous challenge. Associations and publishers are very leery of granting permission to reprint their works electronically. They fear, not unrealistically, of having their work downloaded illegally and, hence, losing revenue. Another concern is that outdated copies will be viewed (this would never happen in the paper world!). Therefore, we spend much effort in educating our literature suppliers about the purpose of our software, reassuring them of the security of our system,

and how imperative it is for SPI to have the most current material on our site.

The *DGS* use a specialized publishing package called *JANUS*. I liaise with the *JANUS* software developers to ensure that the needs of the users are not lost in all the "cool fun" functionality in which the programmers love to indulge. Programmers spend a great deal of time teaching me to author documents for *JANUS*. I am currently learning all the ins and outs of XML, a new Internet format which promises greater flexibility than HTML.

Aside from my work on the *DGS*, SPI is engaged in regular Web publishing and it is my responsibility to see that all aspects of this business flow smoothly. We sell Internet subscriptions to the *Cochrane Library*, *Stroke : A Practical Guide to Management*, and we will soon have another Blackwell Science publication in our library—*The Treatment of Epilepsy* (Shorvon et al., 1996). In addition to making sure these publications get onto the Web, I work with our Office Manager on pricing and marketing issues.

My department also accepts Web development projects. I perform all the Internet searching and HTML updating for NeuroNet, a restricted site for physicians interested in stroke, dementia, epilepsy, and multiple sclerosis [<http://www.neuronet.org>]. I also

SPI's goal is to encourage the practice of evidence-based medicine by bringing the evidence to the physician where it is needed—in the clinical setting, as decisions are being made.

update the Web pages for the World Federation of Neurology ALS Web site [<http://www.wfnals.org>].

Working for a small company, I tend to be a "jack-of-all-trades". I am currently rewriting our user manuals and online help documentation. I also organized a retreat for seven physicians in Barbados. SPI is a young company, so I have had a role in creating our basic human resources policies regarding holidays and continuing education. Marketing is another hat I often wear. My assistant and I are now engrossed in the exercise of ensuring that the SPI Web site is seen on the Internet. We also created our marketing brochure for the *Cochrane Database of Systematic Reviews*, and I have demonstrated our systems at various conferences. One year, I even played the role of a nurse for a brochure!

I firmly believe that librarians are key team members in the development of information software and electronically based

distribution mediums such as the Internet or intranets. We are trained to organize information, find information and think like a user. Librarians are in a unique position to structure information and to bring user perspectives to the technical people who create software. While having technical knowledge is helpful in filling this role, it is not necessary. I personally could not write two lines of programming code, but I work with software developers daily. While computer programmers employ a terminology that can be intimidating, this language can be learned; most of us had to learn medical terminology when we started and computer jargon presents a similar learning curve. Programmers

and database designers who work with librarians will most certainly create better products and experience reduced development times. ■

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Editor's Note: Since writing this article, Tracy has been employed by Infoward Inc. Her new contact information is:

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Author Information

Tracy Stewart graduated with an MLIS from the University of Alberta in 1995. Her undergraduate degree is a Bachelor of Commerce and she was employed as a banker before starting her library education. In her brief information career, she has worked in a business library, a computer science/marketing intelligence information centre, an arts/social sciences library and is now involved in the medical informatics field. Tracy is currently Past-President of the Greater Edmonton Library Association and enjoys membership in a number of other library associations.

Entrepreneur, ME?

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Integrated Management Resources, Inc. (IMR) was conceived in 1993 after more than a decade in academic library work. The baby wasn't planned.

My story is fairly typical of many entrepreneurs who started a business in the early 1990's. After a period of deep recession, high technology began to emerge as a promising new area for creative and technologically-savvy people. As one of the few librarians in the early 90's with considerable Internet experience, I was asked several times to consult on Internet-related projects and provide training for companies and professional organizations. Together with a partner who had some experience in marketing and software development, we decided that the Internet offered sufficient opportunities upon which to base a successful business.

So, with two powerful computers and a laptop purchased through a personal loan, IMR set up shop.

We submitted a paragraph of information on the company to a small online gopher-based directory of Canadian Internet trainers. Within three weeks, we received our first phone call. It was from the largest beer producer in Canada, asking us to deliver a series of presentations cross-country to the company's marketing and public affairs staff on how the Internet could be used to enhance business. It was on the basis of our workshops that the beer company—now an acknowledged leader in Internet branding—set up its first Web site.

We thought that everything thereafter would be as easy. Following the contract with the beer company, the phone didn't ring for three months. We realized that entrepreneurship was not the boon-doggle that we expected. Work was required after all.

It is difficult to describe the years that have passed. IMR has grown slowly but steadily: we now have more equipment, a third staff member in Ottawa, and some associates who assist us with a variety of marketing and training projects. As we have grown, we have also narrowed our scope of activity, focusing exclusively on Internet classroom training and education programs for researchers and knowledge workers. Five years after having started, a significant portion of earnings are still re-invested in the company to build our market.

I still maintain a reduced part-time appointment at the University of Toronto Library. In addition to the income, I find that there is a great deal of synergy between my work at the library and my

work for IMR, and each job benefits from the other. At times, seven days a week isn't enough time to juggle all the work that each job brings, but careful planning (and a cell phone) make the situation manageable.

I have learned to do things that I never would have dreamed of five years ago. Not all of them are pleasant. I hate making cold calls but they are a necessary part of building business with new clients. I call clients when payments are overdue (which, knock wood, has only happened twice) and ask my lawyer for help when my own persuasiveness fails to work.

The following are some additional tips that I have learned along the way:

It takes start-up money to launch and maintain a business, and a cash cushion to sustain the business during slow periods.

Many entrepreneurs in the service business believe that they can start a business with nothing. In fact, every business, even home offices, incur fixed expenses like stationary, postage, telephone, Internet access, and basic equipment. These expenses add up. And every business needs ongoing marketing activity, which often requires expenditures for brochures, catalogues, advertisements, and participation in trade shows.

A business plan is not a frill.

IMR had no business plan for its first two years of operation. It showed. When interesting but unusual projects came our way we sometimes took them on, only to be surprised at how much they forced us to deviate from our core business of Internet training. A business plan helped us—forced us, even—to chart our current and planned directions, and to ensure that we reached necessary milestones. I look at my business plan every couple of months to remind me of where the business is going, and how far it has come.

View your business (or your library) as your customer sees it.

As a librarian, I was accustomed to determining what was 'best' for library users, and sometimes didn't think very carefully about what they wanted. When you are so focused on your business, product or service, you often forget to view it as would a customer. My customers want brief, clear information about training options, a limited number of choices, and an easy way to do business with IMR. Company decision-makers who buy training from IMR want to be confident that not only will we deliver top-quality training,

I find that there is a great deal of synergy between my work at the [University of Toronto] library and my work for IMR, and each job benefits from the other.

but that we will do it in such a way as to make THEM look good. It isn't just the end-result that matters, it is the entire process from start to finish.

Get help (and pay for it) when you need it.

I pay professional ad-copy writers, graphic artists, and printers to create a professional image for IMR. I run ideas by a marketing consultant who works on retainer. It is rare for any public document—even a broadcast message to an e-mail discussion list—to reach its audience before several sets of eyes see it and comment on it. Although they add some cost to our business, it is well worth it to ensure a consistent and high quality image of the organization.

I am a walking, talking promotion for my company.

It felt unseemly at first, to do a lot of promotion with new contacts and colleagues (especially library colleagues!), but I learned that it is not unexpected or (usually) unwelcome. I always carry business cards with me, and I try to ensure that everyone I talk to gets one when I meet them for the first time.

It is ok to call a prospect six times and never have your call returned.

Many potential clients are so busy that they can't always return phone calls. Or sometimes a project may be postponed and they

will get back to us when the timing is right, but they don't bother calling to let us know that. It's not rejection: it's time management.

A mailing list is my most important marketing tool.

Most beginning entrepreneurs radically underestimate their potential client base. Friends, colleagues, even more casual acquaintances can be added to your database and receive occasional correspondence with announcements of new products or services.

IMR communicates with its existing customer base mainly by electronic mail. In the beginning I thought that I would be annoying people by sending them information, but quite the opposite happened—if they couldn't use the information themselves, they would pass the information on to a friend or reply with a personal e-mail greeting.

I never fully estimated how important my librarian colleagues have been in helping IMR to grow. But as trusted sources in their institutions, they have often drawn attention to IMR's training services in an unbiased manner. Many librarians have returned from our courses and encouraged their employers to hire IMR to deliver company-wide training. So a sincere THANK YOU! ■

A business plan helped us...to chart our current and planned directions, and to ensure that we reached necessary milestones. I look at my business plan every couple of months to remind me of where the business is going, and how far it has come.

Editor's Note: Rita Vine was asked by the Editor of *BMC* to contribute this article about her company which is meant to assist others who are contemplating the notion of starting their own business.

Author Information

Rita Vine is a senior medical librarian at the University of Toronto and a founding partner of IMR Integrated Management Resources, which designs and delivers classroom programs to help professionals become better users of personal computers and the Internet.

The Librarian as Project Manager

Richard Thornley, BSc, MLIS

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The Company

The goal of this report is to describe the position that I currently occupy at InfoWard Inc., a health informatics company with offices in Hamilton and Edmonton. It will give you some idea of the challenges and rewards of being a librarian in a non-traditional environment, and it will hopefully inform the discussion that I will be having with my manager about roles and responsibilities...tomorrow. As InfoWard Inc. is a commercial operation you will understand if I speak in generalities some of the time. Still, I hope that the flavour of the job comes through, perhaps inspiring some new MLS students to work towards similar positions.

The brainchild of Dr. Robert Hayward, InfoWard Inc. began while Dr. Hayward was a professor at McMaster University with the Health Information Research Unit. As a student at Johns Hopkins University, Dr. Hayward had created three software products for use in health settings. These products are still the company's major offerings, although the target markets have changed over the years. Each of the products is explained briefly below to provide some context around the ensuing discussion.

Surveyor

Surveyor administers surveys on Windows, Internet, Telephony and PDA computers, then provides guideline-based feedback to patients and practitioners. It is the basis for CTF Prevent, which implements the full panel of preventive care recommendations of the Canadian Task Force on the Periodic Health Examination; HRT Decision Making, which helps women and their clinicians make decisions about hormone replacement therapy based on clinical practice guidelines; and, Blood Donor Screening which assesses threats to donor health or the safety of the blood supply.

Clinical Integrator

CLINT is a customizable, clinician-computer interface which provides access to health information, tutorials, and bibliographic databases, while collecting data on how users interact with those resources. It has been implemented in a number of hospital settings.

Resource Executive

InfoWard's third product, Resource Executive, is a turn-key database management system that allows searchable databases to

be published to the Internet. For a sample of Resource Executive implementation, you can visit the Web site of the Alberta Heritage Foundation for Medical Research's SEARCH program at <http://search.ahfmr.ab.ca>. Much of the content in this Web site is drawn from a Resource Executive database.

The Culture

While InfoWard started out with a small, very committed group of people, the company now employs thirteen. The competencies in the company cover the fields of medicine, nursing, informatics and information science, computer science, epidemiology, marketing and business, health services research and survey design, public health, health promotion, health policy, and management. Most people have some expertise in at least two of these areas.

The functional departments of the company are research and development, engineering, program delivery, and marketing. Although each department has an independent budget and terms of reference, the company functions very much as a matrix, with project-focused teams often including people across departments. Being small, and given the breadth of expertise of each individual, most people are involved in work that crosses departmental lines. I work primarily on program delivery although I do get involved in some marketing activities as well.

My Role

Why did InfoWard hire a librarian? Initially the company was focused along product lines. That is, there were individuals responsible for developing and implementing each of the three products. InfoWard needed someone to lead Resource Executive projects, to train and support the product's users, and to develop databases and their accompanying Web infrastructures. The expertise that InfoWard was looking for at the time included information organization, coding and classification, Web design and architecture, and project management. A librarian was a natural choice for the position.

When I came aboard, InfoWard had begun to move towards integrated solutions to client knowledge-management needs. These solutions may include one or more of InfoWard's technologies, as well as consulting and training services. With the movement towards integrated solutions came a move to integrated project delivery teams. My job became not only to implement Resource Executive databases, but also to combine the three products in solutions that would address the needs and ideals of evidence-based practice. Since then the scope has become even more

As a librarian I am able to work with a client to translate a single large information need into a solution of discrete, manageable components.

inclusive. While the company has a strength in the area of evidence-based practice (EBP), our products are integrated components in any health information solution and are central to attempts to improve quality of care. Our market is the entire health care sector, ranging from regional health authorities to pharmaceutical companies.

What roles and responsibilities have resulted? While the use and implementation of InfoWard's three products involves some technical considerations that may be outside my area of expertise, I find as a librarian that I am able to articulate the issues facing the users and administrators of these products. For instance, a client may describe a need for an organizational inventory, discussion groups for internal and external groups, different suites of knowledge resources for administrative and clinical staff, a Web site, and the list goes on. As a librarian I am able to work with a client to translate a single large information need into a solution of discrete, manageable components:

- a simple intuitive interface supplied by CLINT;
- knowledge bases or full-text resources such as the Cochrane Library, ACP Journal Club, Harrison's Online, that can be licensed off the shelf;
- educational and clinical resources such as cases of the week, daily usage tips, clinical pathways, and interactive guidelines that may have to be developed internally or customized from external sources;
- generic applications like Microsoft Word and PowerPoint to which all staff will need access;
- internal resource databases developed using Resource Executive;
- telecommunications resources like newsgroups that may or may not require access restriction, moderation, and other special considerations; and
- customized local help and support linkages.

While the distinctions amongst these various items are obvious to librarians (as are the organizational resources required to implement and manage them), it is not necessarily the case for other professions. Furthermore, librarians are trained to recognize information needs and to seek solutions on behalf of their clients. These skills make us excellent leaders on projects where a variety of information resources are being packaged. We bring an attention to client needs and satisfaction that is very important in these

transactions. I also believe that as librarians we are less likely to get side-tracked by the glitz of our solutions and remain focused on the client's needs.

The major challenge facing a librarian working in a commercial environment is professional isolation.

Consequently, while I am heavily involved in building content, identifying relevant resources for clients, facilitating group communications and other similar functions, project management is increasingly my focus within the company. In this regard I have been lucky. Despite having little project management experience, past roles as a manager of cataloguing at an academic library

and as a systems consultant with the Alberta government prepared me somewhat for the responsibilities of managing the type of project that InfoWard usually undertakes. I am also lucky in that I work with a person who is very willing to share her formal project management experience and training with me (see the article by Karen-Ann Moore entitled *Project Management: Can Libraries Benefit?* in this issue of *BMC*).

Discussion

The major challenge facing a librarian working in a commercial environment is professional isolation. This can be exacerbated by colleagues who may not understand exactly what it is that I do and regard me as some kind of glorified file clerk. The answer to professional isolation is to get involved with the profession outside of work: associations, writing, reading, and continuing education. CANMEDLIB, CHLA/ABSC's listserv is also a daily reminder of who I am and why I'm doing what I'm doing.

Fortunately, the rewards easily outweigh any challenges. I have found that my professional growth and education is rewarded and supported. There is so much room for growth that you basically just have to pick a direction. The environment is fast-paced and changes constantly; and I see this as a reward although it can be a challenge at times. There are also other benefits in terms of the relationships that you form and the sharing that happens as part of a multi-disciplinary project team. Finally, the thing that I appreciate most is the fact that the value of our services is so easily quantified (and I know how difficult this is in other library settings). We can only thrive as long as we remain relevant, useful, and innovative in the eyes of our clients. That's another challenge that is also a reward. ■

Author Information

Richard Thornley is a Project Manager for InfoWard Inc., currently managing telecommunications and informatics training for a community health research training program, an evidence-based practice research project, and a primary health care team development project focusing on care maps for diabetes and osteoarthritis. He graduated in 1993 with an MLIS from the University of Alberta and is currently working on a Master of Public Health degree in the area of health policy and management.

Project Management : Can Libraries Benefit?

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What is Project Management?

As the operating budget of a library is reduced, how can it continue to maintain educational services and support new information technologies? Statements on controlling expenses and reducing excess costs must be operationalized without dramatically affecting the services expected from a library. Is there a way to make more efficient use of the available funds? The processes of project management (PM) may be one solution for a library operating on a minimal budget while trying to ensure optimal products and services.

Originally developed with large construction projects in mind, the need for PM is gaining recognition across all industries. PM involves procedures and tools to assist in the planning, execution and control of a project. The extent to which each standardized process applies can be tailored to the type and size of the project. When budget is the limiting factor, it becomes essential to clearly and comprehensively plan, execute and control a project so that the best service or product can result from the dollars available. The Project Management Institute (PMI) is a non-profit international professional association that establishes project management standards, provides seminars and educational programs, and offers certification to project management professionals. More information about PM is available at <http://www.pmi.org>.

Do libraries have projects? If work involves creating a unique product or service for the benefit of the library, then PM processes can be applied. Implementation of PM results in more work being accomplished on limited resources because less time and money are spent on recovering from unplanned, unexpected events throughout the project.

For large or small projects on limited budgets, the following eight processes can serve as guidelines for the planning and control of a project.

Scope Management

Scope management involves a thorough examination of the products or services that will be the outcomes of the project. The major deliverables are broken down into smaller, more manageable components. Planning for and verifying the major deliverables and components, along with their related assumptions, creates docu-

mentation and definitions for the project. This process also ensures that the parameters of the project are satisfactory to all those involved.

Subsequent decision-making throughout the project is then based on scope definition. The availability of such clearly defined parameters results in less meeting and discussion time during the implementation of the project. Clearly, the process of planning, outlining and agreeing upon the scope of a project promotes an environment of awareness, participation and anticipation. This reduces the occurrence of unrealistic expectations and unexpected surprises that can result from a poorly defined project.

Time Management

Schedule planning defines realistic durations and dates for all activities to be performed within the project. Often, past projects are used to assist in estimating task durations. Accurately assigning a time duration, start-date and end-date for each component provides a clearer understanding of the organizational process of the project. A budget can then be established based on these time allocations. On a limited budget, time management is crucial. If the budget is greater than the available funds, modifications to the scope are justified and should be altered prior to implementing the project.

Adhering to a project schedule will ensure both progress and awareness of project progress. The manager is instantly alerted if any activity requires more time than planned, and can deal with this difficulty before it results in extreme cost and time overrun.

Cost Management

Costs and budgets play a vital role in the progress and success of a project. It is important to plan for and monitor all expenses associated with a project and its components. Identifying all project-related costs goes beyond human resources and material costs. Increased costs are associated with lost time, conflicting schedules and creeping scope. Therefore, other project management processes must be well planned and controlled in order for cost and budget management to be accurate and successful. By monitoring costs throughout project implementation, the project manager is

Originally developed with large construction projects in mind, the need for project management (PM) is gaining recognition across all industries. PM involves procedures and tools to assist in the planning, execution and control of a project.

able to identify the potential for cost overrun and can take preventive measures.

Quality Management

Quality management is often overlooked in small internal projects. The quality of a product or service will be reflected in its acceptance and longevity. It is much simpler to plan for acceptance and longevity than to recover from its absence. Planning and monitoring for quality during implementation and testing will reduce the possibility of incurring future costs due to poor quality, or lack of acceptance of a product or service, once the project is completed.

Human Resources Management

The number of people required to participate in a project will vary. However, assigning the right people with the right skills and motivations often ensures efficient service, product development and the overall success of a project. Confirming the availability of human resources to perform a task at the appropriate time, as specified through Time Management, is essential to completion of a project within the scheduled time frame. Identifying an accurate skill level for a given task may also reduce the overall cost of a project because time will not be spent training a person without skills or paying an overqualified person.

Risk Management

Risk management is key to completing a project on time, according to scope, and within the specified budget. It involves identifying difficulties or problems that might occur during a project and planning the corresponding corrective procedures. Identifying and planning for risk are interrelated and directly dependent on the planning of other PM processes. Unless each process is completely defined and planned, risk management will not be comprehensive. Although it is unlikely that all potential risks can be identified and controlled, thorough planning and identifiable control procedures will provide ready solutions to potential risks, prior to the event occurring, and therefore ensure that a project proceeds as planned.

Communication Management

Most projects fail due to lack of communication. Developing and implementing communication procedures that meet project needs increases the profile of the project and keeps everyone involved in the project, either directly or indirectly. Frequent, comprehensive communication promotes 'ownership' of a project by employees and results in their continued interest.

Integration Management

Integrating all processes within a project can be complicated for very large projects with broad scope. However, there is no doubt that using PM processes and understanding the relationships between scope, schedule, cost, communication, risk, human resources and quality management are essential to a successful project.

Summary

Project management is now implemented in many industries and, although it may seem costly to implement project management, these processes can reduce the costs associated with projects that have not been thoroughly planned and controlled. Once project management has been established, more efficient use of funds, personnel and resources within the operational environment will be observed. Specifically, cost analysis will facilitate allocation of future funding. Final project analysis will help to modify project management processes so that they better reflect the needs of the organization. Detailed analysis of a project through careful planning, monitoring and documenting provides an historical perspective from which others can learn. It can also serve as a preventive strategy when maintaining optimal service in an environment of slashed budgets and reduced external funding is necessary.

Libraries may consider project management as a solution to either underfunded external projects or internal projects funded through operational budgets. Each of the eight fundamental processes within project management is flexible and can be tailored to the needs of the library. Each provides a method of planning, control and risk management that may reduce the 'silent' excess costs associated with poorly planned projects. ■

On a limited budget, time management is crucial. If the budget is greater than the available funds, modifications to the scope are justified and should be altered prior to implementing the project.

Author Information

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Knowledge Management : Your Link to the Future

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Benchmarking. Re-Structuring, Re-Engineering, Downsizing, and Outsourcing. Total Quality Management. Customer Service. Internet Technology. Information Overload. Organizational Learning. Librarians in all disciplines and locations have seen their professional lives intersect with many of these terms in the past few years as their parent institutions have attempted to incorporate more business-oriented models into their management practices. Not surprisingly, we have also come to dread at least some aspects of these corporate concepts. Sensing that we have been placed strictly at the receiving end of change with little choice but to accomplish more with fewer resources and less time, many of us find the opportunities of modern technology exciting, but the realities of our new mandates overwhelming.

Enter Knowledge Management: yet another corporate buzzword to prompt a number of familiar questions. Will its influence on the information professional's role be significant? Yes! Does KM really offer a more promising future to the beleaguered librarian of the late 20th century? You bet! Will we have to learn a new set of skills? Yes—at least a few, but we already have many of the required abilities and experience. Will this effort be worth it? Absolutely! Why? Read on.

The truth is, librarians have always been knowledge managers. Curiously enough, we have often been perceived merely as information compilers or as simply sentries at the information portal. Joanne Marshall, of the University of Toronto's Faculty of Information Studies, has remarked that librarians seem to be the only professional group named merely after the building where they work, rather than being identified by any of the roles that they play. This telling observation serves as a catalyst for understanding the significance of KM to the information professional.

Simply put, Knowledge Management is a strategy employed by an organization wherein its collective information resources, acquired knowledge and personal talents are shared and managed in order to increase productivity, create new knowledge and new value, and improve competitiveness. Within such an environment, librarians face new challenges and opportunities, often involving the facilitation of electronic access to value-added information, insight and shared knowledge. Stephen Abram, Senior Director of Product Management at IHS Micromedia in Toronto, has stated that Knowledge Management allows us to transform our information gatekeeper role into that of the information gateway, a full participant in the knowledge creation and access process.

In short, Knowledge Management is one management trend that offers the librarian an opportunity to directly participate in the process that will change his or her professional and vocational landscape. We need not be merely passive receptors of change or just absorbers of its impact. The door is open for us to provide assistance in the creation, implementation, and management of information that will redefine and influence the economy of the future. The role of information itself has changed: no longer just a useful resource, it is now an essential tool.

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Armed with this mindset, I embarked on a project last year to identify a number of key resources that would provide some background information on Knowledge Management and how it relates to librarianship. I quickly found out that an immense body of literature about KM is available, and that it is an extremely diverse and dynamic subject area. Eventually, a Web site devoted to

Knowledge Management for Special Librarians emerged.

The Web site has, as one of its foundations, the Special Libraries Association document *Competencies for Special Librarians of the 21st Century*, and it features citations and descriptions of additional SLA resources. While many health sciences librarians also identify themselves as special librarians, I would like to emphasize that this Web site is designed to assist all information professionals, even if your interests and job description do not traditionally lie within the bounds of special librarianship.

There are five main sections to the site:

- *Introduction*;
- *Part A* - Background information : the knowledge economy & the value of intellectual capital;
- *Part B* - The same special librarian skills : some new & valuable roles;
- *Part C* - Knowledge products : a sample of KM applications for special librarians; and
- *Part D* - Interactive information & continuing education opportunities.

The site is complimented by a simple image map for easy navigation, and two versions of the bibliography: one ordered by author name, and the other in order of placement within the site and its various sections.

More than 180 resources are listed and the citations are accompanied by brief descriptions of their content and relevance to the understanding of KM within the context of the information profes-

sion. Approximately one quarter of these citations have links to online versions of the document's full text or abstract, and links to an additional 21 Web sites with other relevant information are also provided. A host of listserv, conference and continuing education opportunities are also provided in Part D, thus enabling the user to tap into other online sources for updated and practical information.

Parts B and C of the site contain subsections on a number of topics, including: KM and quality results, new roles that require traditional librarian skills, positioning and organizational partnerships, information audits, how to change management's perception of the library's role and value, use of Internet resources, and the librarian's role in the design, implementation and maintenance of intranet and digital library collections. Included within many of these articles are discussions of how to re-structure your own job description and improve upon already existent skills and experience, so that these new initiatives don't just add to your workload, but also provide inspiration and methods to successfully manage the library's new responsibilities, resources and user expectations.

In compiling the site, I drew from both business and librarianship literature, but always kept my focus on how KM can be applied to the librarian. Nancy Lemon's article, *Climbing the value chain : a case study in rethinking the corporate library function* (resource #137 in Part B) was especially key to my understanding of how KM can be applied to libraries: it demonstrates clearly how the need to change led first to opportunity and then to inspiration and growth within her organization. The business-based article, *It's all in your head*, by Rebecca Barclay and Phillip Murray (resource #004 in Part A) succinctly discusses why "we don't need more documents, we need more answers", and comments on how accessing the Internet is "like drinking from the information fire hose"!

Part B also references the SLA video, *Getting out of the box : the knowledge management opportunity* (resource #018), and provides contextual summaries of Stephen Abram's article and presentations on transformational librarianship and KM (resource #043: *Post information age positioning for special librarians* and

resource #106: *Knowledge management: is this the answer?*). Resource #049, *Team building with information system departments: a hospital librarian's experience in coexisting, collaborating and cooperating*, by Jane Grossman and Betsy Larson, provides practical advice on the expansion of the library's corporate presence, and resource #040, *The librarian as a partner in nursing education*, by B. Layton and K. Hahn, outlines ways in which librarians can increase their levels of professional job satisfaction within the KM-oriented environment.

Part C contains a wide variety of very practical articles on the use of new information and Internet technology within the library setting, including: *The push is on : what push technology means to the special librarian*, by Cheryl Gustitus (resource #124), *Creating an institutional Web presence*, by Jessie McGowan (resource #066), *Internet and intranets : trends in hospital information management*, by Cheryl Martin and Jessie McGowan (resource #070), *From static Web pages to interactive information delivery*, by Tim Tripp and Margaret Gross (resource #129) and, *Building a digital library for the health sciences : information space complimenting information place*, by Richard Lucier (resource #161).

Perhaps one of the most compelling aspects of Knowledge Management is its ability to allow all librarians to generate for themselves any number of creative, challenging, valuable and satisfying identities that will contribute significantly to the success of the next century's information and knowledge requirements. The potential for continued learning, growth and active participation within a truly dynamic field is a real one, and it awaits only our commitment to get involved.

I hope that this Knowledge Management Web site will prove useful to initiating or continuing your search for ways to adapt and apply the next century's business principles to your own positions. As information professionals, we will make significant and exciting contributions to the evolution of knowledge creation and access, and to the lives of our users. I encourage you to take the plunge! ■

***The door is open for us to
provide assistance in the
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management of information that
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Author Information

Cathy Lindsey-King spent ten years as the Information Officer in an environmental consulting firm. A past member of CHLA/ABSC, she now holds a position in communications and project coordination in a firm that publishes sound effects and digital images for broadcast and multimedia usage, and is currently pursuing her MIST (Masters in Information Studies) degree at the University of Toronto. Her Knowledge Management Web site is located at <http://homepages.fis.utoronto.ca/~lindsey/title1.htm> and she welcomes your feedback at: lindsey@fis.utoronto.ca.

Evidence-based Philosophies : Theory and Practice

Presenters

- **Jessie McGowan**, M.L.I.S., Librarian, Canadian Medical Association, 1867 Alta Vista Drive, Ottawa, Ontario K1G 3Y6, tel: (613) 731-8610 x2142, fax: (613) 731-2076, e-mail: mcgowj@cma.ca;
- **Gaëtane Michaud**, M.D., Adjunct Professor, University of Ottawa.

Objective

- This paper describes the definition, background and application of evidence-based health care (EBHC) as well as important issues in EBHC for medical librarians.

Setting

This paper evolved out of physician and medical librarian collaboration for educational research. Its content is directed at professional medical librarians working in clinical and research settings.

Discussion

The concept of EBHC integrates the health professional's experience and knowledge of basic and clinical sciences with the best currently available clinical evidence from systematic research. There are five steps to the EBHC process. Medical librarians can be involved in the first three steps which include forming a clinical question, searching the literature and critically appraising the results of the literature search. The last two steps involve making a clinical decision and evaluating the previous four steps. Medical librarians need to be aware of EBHC resources such as bibliographic databases, evidence-based journals, Internet resources, specialized databases and grey literature. To search the literature

comprehensively, and to teach others how to search, medical librarians must be aware of effective search techniques. This involves developing the two components of a search strategy: the contents of the search and the search filter. The content part of the search contains information about the subject area of the search, such as disease names, drug names, authors, etc. The search filter is used to further refine the content part of the search, resulting in specific types of articles. Filters may be used to limit articles to publication types, articles on diagnosis, therapy, etiology, prognosis or language.

Significance

The process of EBHC relies heavily on the ability of health professionals to search the literature. Medical librarians need to be aware of the educational, training and research issues associated with EBHC and they need to work with health professionals to assist them in searching the literature to find evidence. To do this effectively, medical librarians need to have the educational background necessary to understand the concepts of EBHC. As well, medical librarians can participate in the practice of EBHC by conducting their own research, collaborating with health care professionals, and teaching the skills needed for the application of EBHC. ■

Jessie McGowan is a reference librarian at the Canadian Medical Association and an adjunct professor at the University of Ottawa, where she was involved with introduction of EBM in the undergraduate curriculum. She is involved in teaching and training EBHC concepts, and also participates in systematic review development and the Cochrane Collaboration.

Promoting Access to Research-based Evidence in the UK : The Role of the NHS Centre for Reviews and Dissemination

Presenter

- **Julie Glanville**, Information Service Manager, NHS Centre for Reviews and Dissemination, University of York, York, England, YO1 5DD, tel: (+44) 1904-433707, fax: (+44) 1904-433661, e-mail: jmg1@york.ac.uk

Objectives

- To describe the role of the NHS Centre for Reviews and Dissemination (CRD) and its output.
- To discuss some of the challenges of the Centre's work and the role of information staff within the Centre.

Setting

The CRD is a specialized information service based in an academic research centre serving both its own staff and the whole range of external health care professionals and the public who are seeking information on systematic reviews or the cost effectiveness of healthcare interventions.

Discussion

CRD carries out and commissions systematic reviews of the effectiveness of health care interventions and ways of organizing health care. It disseminates the findings of its research in a variety of ways and formats suitable for busy decision makers and, often,

also for patients. CRD also promotes access to research evidence by producing freely accessible public databases and a free enquiry service staffed by information professionals. CRD conducts research into review methodology and, from an information perspective, has been working on methods of searching for primary studies and on developing sensitive search strategies to identify systematic reviews in MEDLINE.

The role of the information professional within CRD is as a team member in the production of reviews, as a researcher into the methodology of systematic review production and as an interface between sources of research evidence and enquirers. The latter role also extends into publicity activity and the training of library and information professionals in searching and using the Cochrane Library. The challenges facing all CRD staff include developing the Centre's relationships with other organizations conducting systematic reviews, coping with the explosion of reviews and other research-based information, and encouraging the development of a national dissemination strategy for key messages from research.

Significance

CRD information staff have found that the explosion in research syntheses and products based on research evidence aimed at different audiences presents both challenges and opportunities in terms of identification, bibliographic control and selection. There are also increasing opportunities for information professionals to become involved as valued team members in large scale research projects and to develop strategies and tools that work. ■

Julie Glanville has worked in a range of special, academic and business libraries before becoming Information Service Manager for the NHS Centre for Reviews and Dissemination in England. She has special interests in search strategy design and in promoting access to sources of clinical and cost effectiveness information and UK health statistics.

The Programmatic Health Sciences Library

Presenters

- **Elizabeth Reid**, Health Science Library, St. Michael's Hospital, 30 Bond Street, Toronto, Ontario M5B 1W8, tel: (416) 864-6022, fax: (416) 864-5296, e-mail: reide@smh.toronto.on.ca;
- **Jeffrey D. Edelson, M.D.**, St. Michael's Hospital, Toronto.

Objective

The St. Michael's Hospital Health Sciences Library has adopted a programmatic organizational structure. Staff and procedures are aligned to enable better assessment and fulfilment of client information needs. A key component is the new staff position, Information Specialist, occupied by professional librarians who focus on selected client groups within the hospital. Each Information Specialist is responsible for a major program or cross-program area (for example, Heart Program, laboratories, administration). This presentation outlined the advantages (both expected and realized) of this model, discussed the evaluation process and outcomes, and commented on what has made a difference for clients of the hospital library.

Setting

St. Michael's Hospital is a full teaching hospital affiliated with the University of Toronto. The library's clientele includes all staff and students affiliated with the hospital.

Discussion

The model was implemented on September 15, 1997. Results from the first six months of operation were presented. A comparison

with the same six month period in 1996/97 illustrates some of the significant activity increases realized. Example areas include individuals trained (MEDLINE, Internet, library research, etc.), client consultations (none previously), electronic tables-of-contents, SDI profiles and interlibrary loans (in particular, for allied health professionals). Qualitative results focus on customer satisfaction, staff satisfaction and team functioning.

Significance

One of the advantages of this new approach to delivering knowledge-based information management services comes with the closer ties that can be established between library staff and client. Such relationships are professional, bilateral and proactive. A second advantage is the potential for the interaction of subject and information science expertise, as information specialists develop content expertise. The new model enables information delivery to provide the most relevant information when, where and to whom it is most needed. Rapid advances in information technology is our underlying support to allow this information delivery to occur in the most efficient and cost effective manner. ■

Elizabeth Reid has been Manager/Information Specialist at St. Michael's Hospital Health Science Library since April 1997. Her current interests include the potential of expanding and collaborating roles for health sciences librarians in adding value by integrating knowledge-based information services within a medical informatics environment.

Evolution of Consumer Health Information Services : Trends and Challenges

Presenter

- **Susan Murray**, Consumer Health Information Service, Toronto Reference Library, 789 Yonge Street, Toronto, Ontario M4W 2G8, tel: (416) 393-7168, fax: (416) 393-7181, e-mail: smurray@gwmail.mtrl.toronto.on.ca

Objective

- To provide a brief overview of the evolution of consumer health information (CHI) in the 1990's.
- To discuss how consumers are currently accessing health information, drawing on the experience of the Consumer Health Information Service (CHIS), Toronto Reference Library.
- To explore trends and challenges in the provision of CHI.
- To suggest effective roles for librarians in providing CHI.

Setting

Health sciences librarians and other professionals with an interest in CHI.

Discussion

The Consumer Health Source Book, edited by Alan Rees, was used as a starting-point to examine the shift in how CHI has been regarded from the 1980's to the present time. Essentially, CHI was considered a "fringe activity of dubious value and legitimacy" (1) and is now assuming a major role for the health sciences librarian.

Several recent CHI initiatives in the United States and Canada were discussed. In April 1997, the U.S. government unveiled its consumer database, *healthfinder*. MEDLINE was made available free of charge on the World Wide Web in June 1997. At the Medical Library Association Meeting in Philadelphia in May, National Library of Medicine Director Dr. Donald Lindberg announced that NLM would focus on CHI through a partnership with public libraries to disseminate health information to consumers. Twenty-eight public libraries from a variety of states are being funded by the Kellogg Foundation and the Public Library Division of the American Library Association.

The National Population Clearinghouse, more recently named the *Canadian Health Network (CHN)*, is being developed to provide credible, timely and accessible health information to Canadians. The CHN will bring together a number information partners and deliver CHI via the Internet, call centres and walk-in centres. The CHN released its first phase in September 1998 in Toronto.

Again using Rees' *The Consumer Health Information Source Book*, the change in CHI resources during the 1990's was surveyed. In 1990, there was an emphasis on printed information. By the mid-1990's a number of electronic sources were listed, leading

up to the availability of the Internet as a tool to disseminate health information. Print, however, is still very much alive in 1998; Rees estimates that there are now more than 1,400 popular health books published annually and the number of health-related newsletters exceeds 150 (2). The May 1, 1998 supplement to *Library Journal*, on the topic of consumer health, evaluates 500 popular health books that were published between January and August of 1997.

The current and anticipated demand for health information and the preferred modes of access for Canadian consumers and health intermediaries was discussed. This was based on the results of a survey administered in October 1997 by the Access and Demand Working Group of the CHN to 37 individuals across the country who provide CHI, as well as CHIS. The CHN survey predicted that in the immediate future there would be two preferred modes of contact, person to person and electronic access, and two categories of information seekers—active, highly motivated seekers and less educated, less skilled consumers (3).

The presence of these two, very different types of health consumers will present a major challenge in providing CHI. Librarians should take an active role as guide and educator in providing CHI, but should not invest totally in an Internet-based system at the expense of other methods of delivery. Not only is Internet access extremely limited for the average consumer at the present time, but this would also create two tiers of service.

With limited human and financial resources, partnerships are another method by which librarians can meet the increased demand for CHI. A good example of a community-based, vibrant partnership is *P.O.W.E.R. Surfer* (Patients Online for Well-being Education and Research), a partnership of the Windsor Public Library, Hotel-Dieu Grace Hospital, and the Windsor Regional Cancer Centre [<http://www.city.windsor.on.ca/wpl/power>]. This Web site is researched by local health professionals who oversee the selection and listing of cancer resources. *P.O.W.E.R. Surfer* maintains the local Web site, provides Internet access and offers basic training.

Significance

Librarians are well-suited to take on enhanced roles in helping consumers navigate this bewildering health information maze. By forming partnerships, it will be possible to deliver a high level of service in a variety of methods to suit the needs of all health consumers. The NLM's partnership with twenty-eight public libraries can serve as a model of service towards which Canada should be moving. There are exciting developments in Canada, such as the *Canadian Health Network* (4), that should help overcome many of the barriers of inequitable access to health information for consumers. Librarians must take an active role to assure that the focus on the consumer in the provision of CHI is maintained. ■

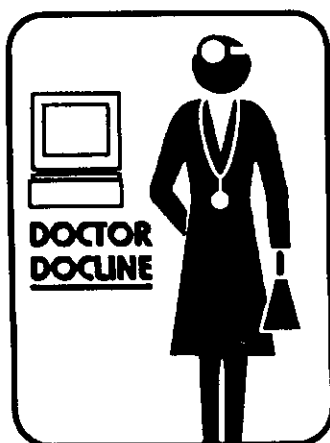
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2. Rees A, ed. *The consumer health information source book*. 5th ed. Phoenix, AZ: Oryx Press, 1998.
3. Bradley D. *Report of access and demand for health information by consumers and health intermediaries*. Access and Demand Working Group [of the National Population Health Clearinghouse], October 22, 1997.
4. See their prototype Web site at: <http://www.canadian-health-network.ca>

Susan Murray is Team Leader, Consumer Health Information Service at the Toronto Reference Library, a provincial service that assists consumers in locating information to make personal healthcare decisions. In 1995 she prepared *Developing a Consumer Health Information Service: A Practical Guide*, and has spoken and written extensively on consumer health topics. Susan writes the *Consuming Health Information* column for *BMC* and is a former President of the CHLA/ABSC.

Ask Doctor DOCLINE

Bev Brown



Questions to *Doctor DOCLINE* are fielded by the CISTI DOCLINE Coordinator to answer queries that no manual or help screens seem to address. Direct your questions to:

Beverly Brown
DOCLINE Coordinator
tel: 1-800-668-1222
e-mail: cisti.docline@nrc.ca

Q: I am considering offering Loansome Doc service from our library. What do I need to know?

A: Loansome Doc (LD) is the document ordering option available from PubMed and Internet Grateful Med (IGM). For health professionals and end users, it is an easy and fast way to create orders directly from their search results and send them via the Web to a LD supply library. For the library, LD offers the advantage of receiving verified citations electronically via DOCLINE in a standard format with legible contact information.

Any DOCLINE library can offer the service. You do not need any additional hardware or software. The first step is to define the population you will serve and what fees, if any, you will charge. You may decide to limit your clients to those within the hospital, or within your organization or region. You will also want to decide whether you will transfer any requests you cannot fill into DOCLINE. These requests may then be filled by libraries on your routing table.

You should alert the DOCLINE Coordinator so that LD information is added to your DOCUSER profile and that your library is added to the list of Canadian LD supply libraries. CISTI will provide contact information to clients looking for supply libraries but will not provide LIBIDs.

Users register for LD service on PubMed or IGM. The Registration Page stores the user's name, address, telephone number, fax number, preferred method of delivery and the LIBID of the supply library. The user can identify one supply library.

To test receipting and filling LD orders, register on PubMed or IGM and send requests to your library. When you logon to DOCLINE you are notified of pending LD orders. Requests are receipted under the LD receipt option in the main menu. All request numbers begin with LDX followed by ten digits. Formatting is very similar to DOCLINE orders. You have 30 days in which to respond on DOCLINE before the request is removed.

All LD orders will come to the library whether the library holds the journal or not. To help you process orders, a holdings field in the LD request indicates if in SERHOLD your library reports holding the title and year or volume. Orders that you cannot fill can easily be transferred into DOCLINE by typing the request number at the MEDLINE/LD ORDER prompt in BORROW. If the LD request is transferred into DOCLINE, the normal timed actions are in effect. The request number then changes from LDX to LDD.

LD gives the user the ability to check on the status of requests electronically. A report will appear in the PubMed or IGM Status of Order file twenty-four hours after the request is sent. Status information includes the order number, abbreviated title, and one of five possible status notations: "Order Not Yet Read by Library", "Filled (date)", "Not Filled (date)", "In Process - Order received by Library", and "In Process - Order Forwarded to Other Library".

Consuming Health Information

Susan Murray



Susan Murray is Director of the Consumer Health Information Service, Metropolitan Toronto Reference Library. Comments and suggestions can be directed to:

Susan Murray

E-mail: smurray@mtrl.toronto.on.ca

Patient Information

Rita Vine's excellent *Cyberpulse* column in *BMC* 19(4), Summer 1998 was on "Patient Handouts on the Internet." *Medical Matrix* now has an Internet consumer health resources list in the "Patient Education" section. The sites emphasized provide disease-specific information that can assist a patient in asking appropriate questions during an encounter with a health care professional. There are also a number of recommended sites in the "Patient Handouts" section of *Medical Matrix*.

Another great source of patient handouts is *American Family Physician*. Handouts dating back to March 1993 are available on their Web site: <http://www.aafp.org/patientinfo>

The July 25/98 issue of *BMJ* contained some interesting items on patient education, including:

- *Evidence-based patient information [editorial]:* 225-226
- *How risks of breast cancer and benefits of screening are communicated to women : analysis of 58 pamphlets:* 263-264
- *Evaluation of readability and accuracy of information leaflets in general practice for patients with asthma:* 264-265

National Library of Medicine (NLM) Public Libraries Consumer Health Initiative

Noting that "the Internet offers the public one of the most cost-effective opportunities for accessing timely and critical health information", NLM Director Dr. Donald Lindberg announced on July 28th that thirty-seven U.S. public libraries would take part in a multi-state pilot project designed to increase public awareness of and access to health information via the Internet. The project will evaluate the degree to which public libraries and the Internet can help meet the health informational needs of the public Dr. Lindberg said, "These 37 public libraries will help us to determine the feasibility of mounting these programs in public libraries nationwide". "Informed consumers are better patients," he added, "and MEDLINE is the world's largest database of peer-reviewed information." He noted that this public education campaign would not be possible without the cooperation of the National Network of Libraries of Medicine in partnership with the W.K. Kellogg Foundation, the Public Library Association, a Division of the American

Library Association, and the Medical Library Association. Lindberg further commented: "...About 7 million searches took place annually before the first free MEDLINE search. There are about 120 million annually now. And, about one-third of the searches are being done by consumers, indicative of the increasing public appetite for health information". The NLM July 28, 1998 press release with a list of the thirty-seven public libraries is available at: http://www.nlm.nih.gov/news/press_releases/access.html, or contact Robert Mehnert or Kathy Gardner at tel: (301) 496-6308 or e-mail: publicinfo@nlm.nih.gov.

Best Health Web Sites

Gail Hendler posted a message on the CAPHIS (Consumer and Patient Health Information Services) listserv about a comparison of health information Web sites developed by a team of librarians at the University of Michigan. Twenty-five Internet sites considered authoritative were evaluated. There is also an extensive bibliography of Internet resources on Web design and evaluation. [<http://henry.ugl.lib.umich.edu/megasite/toc.html>]

How to Read a Study

A study guide to scientific studies by health writer Jane Brody in the August 11, 1998 edition of the *New York Times* (personal health, page F7) concisely and clearly examines the various type of research studies. You can register to do a free search of the New York Times site. Then, go to "Search" at <http://search.nytimes.com/search/daily>, select "search all articles" and enter "health scientific studies".

Sources of Health Information - Physicians Versus the Internet

In March 1998, Dr. Tom Ferguson (*Health Online*) and William Kelly surveyed a sample of 80,000 consumers who were members of the Sapient Health Network in Oregon regarding their sources of health information. Internet users rated the information and support they accessed online as superior to the help they received from their physicians, both primary and specialist, in nine of twelve areas of health care. "These [survey] results indicate that health

information consumers can and do use the Internet to learn more about their conditions, share valuable information with other patients, and provide one another with emotional support," said Kelly. The complete report on the survey will be available in the September 1998 issue of *The Ferguson Report : The Newsletter of Consumer Health Informatics and Online Health*. Copies of the report can be obtained from Ferguson: doctom@healthy.net

Special Publications

A New CHI Book!

Longe, Mary E. *Consumer Health Resource Centers : A Guide to Successful Planning and Implementation*. Chicago: AHA Press, 1998. 180p. ISBN: 1556482310. \$25.00 U.S.

For more information, go to <http://www.aha.org/CGI-BIN/SM40iexe?docid=100;46069&%50N=60>

Mood Disorders

The June 1, 1998 issue of *Library Journal* (p. 73-76) contains an annotated bibliography of books, Web sites and newsgroups on mood disorders entitled, *Bibliotherapy : Battling Depression*.

Women's Health

Scientific American Presents, Summer 1998, 9(2) is a special issue on *Women's Health : A Lifelong Guide* (119 p.). The issue is divided into sections for different age categories. It includes an introductory essay, as well as questions and answers on a variety of subjects, such as hormone replacement therapy and osteoporosis. A table of contents, the text of selected articles and a special on-line

feature entitled, *Guide to Women's Health Links*, is available at <http://www.sciam.com/specialissues/0698womens/0698quicksummary.html>. This publication is not available with the regular subscription to *Scientific American*, but can be purchased by faxing an order to 212-355-0408 (credit cards accepted) or sending a cheque for \$4.95, plus \$2.00 shipping, plus PST and GST, in U.S. funds to:

Department PBHW898
Scientific American
415 Madison Avenue
New York, NY 10017-1111
U.S.A.

Rare Diseases

The August 1998 issue of *Exceptional Parent* discusses various sources of information on rare diseases in the general areas of: active research studies, basic information, patient support groups and genetic counselling. URLs and brief descriptions of each resource are given.

Canadian Health Network

Be sure to check out the Canadian Health Network Website at <http://www.canadian-health-network.ca>. This 'developing' site includes contributions from a range of health organizations across Canada. You'll be hearing more about the Canadian Health Network—"timely, credible and readily accessible health information and resources from a network of existing networks"—in the coming months. ■

Elizabeth (Betty) Sutherland Appointed to the NRC Advisory Board for CISTI

J. Elizabeth (Betty) Sutherland, Associate University Librarian for the W.K. Kellogg Health Science Library at Dalhousie University, has been appointed for a three-year term to the National Research Council (NRC) Advisory Board for the Canada Institute for Scientific and Technical Information (CISTI), effective November 1998.

The Advisory Board advises the NRC and its executive on strategic directions, management, and overall priorities of the Institute from CISTI's point-of-view.

Betty Sutherland comes to her new appointment with some experience of working for CISTI. From 1981 to

1983 she served on the Institute's Advisory Committee on Automated Storage and Retrieval Systems. She is the first person from Dalhousie to serve on the Advisory Board since Dr. Norman Horrocks, then Director of the School of Library Service, stepped down as Chair of ABSTI in 1986, and is currently the only member from the Atlantic Provinces. As the only health sciences librarian on the Advisory Board she will also serve as the Board's representative on its Health Sciences Information Subcommittee.

Congratulations Betty!

Cyberpulse

Rita Vine



Rita Vine is Marketing and Instruction Coordinator at the Gerstein Science Information Centre, University of Toronto. Copies of Cyberpulse columns are available at the Web site:

<http://www.imr.on.ca/cyberpulse/cyberpulse.htm>

Comments and suggestions for future columns are welcome and should be directed to:

E-mail: rita.vine@utoronto.ca

Software for Interactive Online Reference Service

Forget for the moment the intellectual demands of providing good reference service, like a refined skill set and familiarity with needed resources. Certain minimal conditions must be in place in order to conduct a satisfactory reference interaction. The information must be provided when it is required, neither too soon, nor too late. There must be opportunity for question negotiation, to ensure that the information required is indeed what was asked for. There must be agreement on timelines for completion, so that the information requested is received in a timely fashion to enable the user to continue other tasks at hand.

Traditional in-person reference service offers the opportunity to meet these three conditions. Recently, in an effort to meet the information needs of remote users, libraries have attempted to offer 'electronic reference' services.

Electronic reference service has come in two similar flavours. E-mail reference offers the information seeker an electronic mail address, usually on a Web site, or alternatively, a Web-based form that, when submitted, will be routed for response to an appropriate human being. Turnaround can be many hours or many days.

Neither of these methods offer a satisfactory solution for interaction with the remote user. Neither solution meets any of the three conditions required for a successful reference interaction. In the last year, some promising software options have been developed to help libraries provide more appropriate and successful online reference service. These software solutions meet all the minimum criteria for successful reference, and can be enabled from most personal computer configurations running at least a 486 processor with 16 MG of RAM.

Buddy software is a simple, small, and (usually) free program that permits two-party chat between known correspondents. More sophisticated and pricier software is also available, much of it intended to be used by existing "Call Center" operations.

Buddy Software

Buddy software, such as ICQ [<http://www.icq.com>], has two parts. A common server, located at the software manufacturer's site, holds information on registered users and their network status (whether they are currently online or offline). A software client which the individual user downloads and installs on her/his computer, is used to identify the online status of other users, and can send instant messages back and forth between online correspondents.

Every ICQ user has a unique identification number. In addition to brief messages, correspondents can also instantly transfer files, send URL's, and participate in simultaneous typewritten chat. The latest versions of the software also permit launching of any peer-to-peer application, such as Netmeeting, CUSEEME and other Internet telephony applications. You can even play card games using the software, which alerts you when the player has completed a turn!

The ICQ user window (see **Figure 1**), is the central control. When minimized, it resides in the taskbar, using minimal resources, awaiting new messages or reports of users that have come online. When a new message is sent, a message icon flashes in the taskbar and in the window, alerting the user that a message is waiting.

Buddy software requires users to register personal information in order to acquire a unique number. This information is then deposited in a database which is searchable on the Web. Most users are identified by either e-mail address or by name.

In addition to instant messages, users can also engage in type-written chat. The icon next to the selected name will change (see **Figure 2**) thereby notifying an online user of a waiting chat request. Although Internet chat is nothing new, the best buddy software offers very realistic chat options, enabling participants to actually

see the letters being typed in by their correspondents in real time. As a result, (and assuming you can type fast enough) the chat experience can be fairly realistic.

Figure 1. ICQ User Window

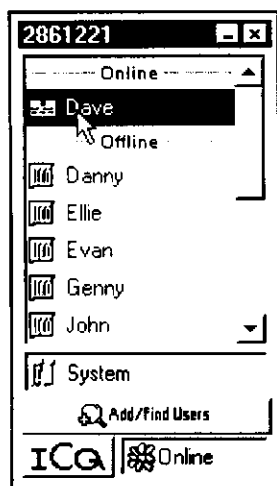
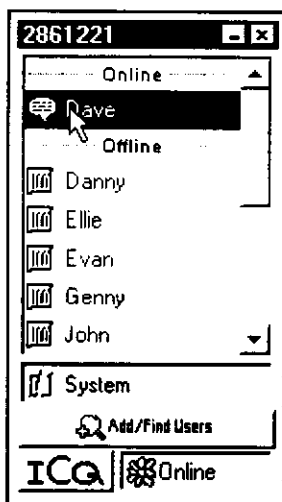


Figure 2. ICQ Chat Request Window



Call Centre Software

Using a voice-enabled browser like *Netscape's Navigator®* or Microsoft's *Internet Explorer®*, the user reaches a Web page that has a "Call Us" button on the screen; the button is used to communicate directly with a service representative. Call Centre software, such as Balisoft *LiveContact* [<http://www.balisoft.com>] routes the Internet call directly to the agent's voice application. If the user's computer does not support audio, typewritten chat is available as a backup. The customer can speak to an agent to ask questions while continuing to browse the Web, all over a single phone line. The agent's screen displays the page that the customer is viewing. The agent can 'lead' the customer to other pages as needed to solve the problem.

The customer service agent and the customer can share application data, images, and conduct an interactive dialogue during a single Internet session, bringing the transaction to a close. To view an example, visit the main Web page for Air Shop at [<http://www.air-shop.com/>], an online retailer of teen clothing, which displays the LiveContact 'button'. When clicked by the user who has installed the LiveContact plug-in (about 1.5 MG file), a command is sent to a server identifying a user as in need of assistance, the user is queued for an agent and the agent establishes either a voice telephony or typewritten chat session with the client.

Unlike ICQ, where all parties have the same software installed, the agent software is different from that of the customer. The call request is sent to the server, the server identifies the appropriate agent, and the agent connects to the user.

Call centre software is sufficiently sophisticated to permit routing to one of several agents, with the intention of emulating a voice messaging queue. Once the agent and customer are connected, the remainder of the interaction is IP to IP, and the server ceases to be a part of the interaction.

Software solutions such as ICQ and LiveContact offer real enhancements to electronic reference service. Several libraries in Canada are planning trials with the software. In the next year, there should be a body of evidence to help libraries understand the practical limitations of software in delivering true electronic service to library users. ■

Editor's Note: This paper was originally presented at the CHLA/ABSC Annual Meeting in Ottawa, June 9, 1998.

Currents in Library Research

Compiled by Mary E. Robinson

Health Libraries Review

• Volume 15 Number 2

Mackenzie J. *More change ahead? You can depend on that! UK Health Service white papers : new opportunities for library and information services?* (Special Feature)

Paisley S. *Intelligent purchasing in Trent : information for decision-making in the region's health authorities.*

Farmer J, Richardson A, Palmer J. *Attitudes to LIS education and academic-practitioner liaison : results of a survey of members of the Library Association Health Libraries Group.*

Martin S. *Reflections on a user education session with nursing students.*

Lacey Bryant S. *Human development: competencies for the 21st century.* IFLA CPERT 3rd International Conference on Continuing Professional Education

Brief communication

McCausland J. *From margin to mainstream : from special needs to equal access.*

Innovations on the Internet

Chippendale M. *Connectivity, content and competencies - the Internet Project in NHS East Anglia and Oxford.*

Davis E, Stone J. *From A to Z : automated catalogue to Web OPAC and Z39.50.*

Health Libraries Review

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Forest MES. *Recent developments in reading therapy : a review of the literature.*

Rose S. *Challenges and strategies in getting evidence-based practice into primary health care - what role the information professional?*

Hicks A, Booth A, Sawers C. *Becoming ADEPT : delivering distance learning on evidence-based medicine for librarians.*

Eldredge JD, Teal JB, Ducharme JC, Harris RM, Croghan L, Perea JA. *The roles of library liaisons in a problem-based learning (PBL) medical school curriculum : a case study from University of New Mexico.*

Bulletin of the Medical Library Association

• Volume 86 Number 3

Homan JM. *Whither peer review : Prague '97.* (Editorial)

Lipscomb CE. *100 Years of MLA : Views from the Bulletin.* (Editorial)

Dee CR, Rankin JA, Burns CA. *Using scientific evidence to improve hospital library services : Southern Chapter/Medical Library Association journal usage study.*

Shipman JP, Gembala WL, Reeder JM, Zick BA, Rainwater MJ. *Desktop document delivery using portable document format (PDF) files and the Web.*

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Voge S. *NOAH - New York Online Access to Health : library collaboration for bilingual consumer health information on the Internet.*

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Hook SA, Rossok KM. *The Indiana University School of Dentistry Archives : back to the future.*

Symposium : The Life Sciences Research Institute

Ball AL, Su LT, Detlefsen EG. *Introduction.*

Funk CJ. *Evolving roles of life and health sciences librarians in the 21st century.*

Detlefsen EG. *The information behaviors of life and health scientists and health care providers : characteristics of the research literature.*

Kanter SL. *Fundamental concepts of problem based learning for the new facilitator.*

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Currents in Library Research (cont'd)

Forsythe DE. *Using ethnography to investigate life scientists' information needs.*

Medical Reference Services Quarterly

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Brazin LR. *Sources of information on postgraduate medical training programs - 1998 update.*

London S. *Dxplain : a web-based diagnostic decision support system for medical students.*

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Patrick RB. *Subject searching using NLM's Internet Grateful Med.*

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Collins BW, Sasser AB. *Medical self-managing - the hospital librarian's role.*

Loven B, Morgan K, Shaw-Kokot J, Eades L. *Information skills for distance learning.* ■

REVIEWS/CRITIQUES

Program evaluation toolkit : a blueprint for public health management. Nancy L. Porteous, Barbara J. Sheldrick and Paula J. Stewart. Ottawa: Public Health Research, Education and Development Program, Ottawa-Carleton Health Department, 1997.

Although I have attended workshops and read books and articles on evaluating library services, and have participated in evaluation projects myself, I have never felt completely comfortable with the process or confident with the results. It was therefore with some trepidation that I approached the planning and evaluation of a funded educational project. Fortunately for me, I had on the project team Ruta Valaitis, a public health nurse and an assistant professor in the School of Nursing at McMaster who has done research on program evaluation. She recommended to me an excellent resource she had just discovered, the *Program evaluation toolkit*.

The authors describe their *Toolkit* as a "practical, five-step guide to planning, conducting and using program evaluation," designed specifically as a "guide to small-scale, in-house, process and outcome evaluation." It was developed to help Ontario public health units implement the recommendations of the Program Evaluation Working Group which had been mandated by the Ontario Ministry of Health to study program evaluation in Health Units (1). Based on a decision-oriented model, it is targeted at managers of public health programs and anyone else involved in the evaluation of those programs.

The *Toolkit* provides an overview of program evaluation and takes you through the process, step-by-step. It begins by guiding you through focussing the evaluation, then selecting methods, developing tools, gathering and analysing the data, and finally, making decisions. A chapter is devoted to each step, with examples and sample worksheets. Copies of blank worksheets are included, not only in print format but also on an accompanying disk. There are easy-to-understand explanations, summaries, references and even self-quizzes for the truly masochistic. Many tips and reminders appear throughout the *Toolkit*, for example, the SMART principle (Specific, Measurable, Actionable, Relevant, Timely), used to keep the evaluation focussed and relevant.

I found that the *Toolkit* made me think through the process of program evaluation in a logical and practical manner. Indeed, it not only helps in evaluating but also in planning projects through the use of a logic model to develop a detailed description of the program to be evaluated, including the purpose, the target groups

and the outcomes to be achieved. Of particular importance to me were the sections on drafting questions and on gathering and analyzing qualitative data.

While the examples given focus on public health, the *Toolkit* is easily adaptable to library and educational programs. This is by no means a complete guide to program evaluation. The authors are quite open in stating that they intend the *Toolkit* to be an introduction to evaluation, not a thorough textbook. However, they include extensive references for more detail. For those interested in evaluating education programs, I also recommend the book cited at the end of this review (2).

Program evaluation is still a long and difficult process, even with such a useful guide. However, as the need for accountability increases, evaluation based on sound principles and using valid instruments and data becomes ever more important. This *Toolkit* would be a valuable resource not only for public health departments and libraries serving them, but for anyone undertaking the process of program evaluation. At a price of \$30.00 Canadian, including the binder and a disk containing the worksheets, it is hard to beat for value. ■

Copies can be ordered from:

Debora Dover
Ottawa-Carleton Health Department
495 Richmond Road
Ottawa, ON K2A 4A4

Include a cheque for \$30.00 payable to R.M.O.C.

Further reading:

1. Program Evaluation Work Group. *An agenda to enhance program evaluation in public health. Public Health & Epidemiology Report Ontario (PHERO)* 1996;7(4):100-9.
2. Payne DA. *Designing educational project and program evaluations : a practical overview based on research and experience*. With a chapter on qualitative methods contributed by Mary Jo McGee-Brown. Boston: Kluwer Academic, 1994.

Liz Bayley

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Joanne Marshall : The New Dean at Chapel Hill

After 11 years on staff of the Faculty of Information Studies (FIS) at the University of Toronto, Professor Joanne Guard Marshall is leaving to become Dean of the School of Information and Library Science at the University of North Carolina at Chapel Hill in January 1999.

To report that Professor Marshall's tenure at FIS has been highly productive would be somewhat of an understatement. Her publication list includes journal articles, monographs, and reports too numerous to list. Of special note are: *Building a model business case : current awareness service in a special library* [Harris G, Marshall JG in *Special Libraries* 1996; 87(3)], which won the 1997 H.W. Wilson Award for the best article appearing in the journal *Special Libraries* during 1996; and *The impact of the hospital library on clinical decision-making : the Rochester study* [*Bulletin of the Medical Library Association* 1992 Apr; 80(2)], which won the 1993 Eliot Prize, Medical Library Association, for the work published in the previous year judged most effective in furthering medical librarianship.

Joanne has received distinctions for more than her publications: the 1998 John Cotton Dana Award, in recognition of exceptional services to special librarianship; the 1995 Certificate of Achievement in Recognition of Outstanding Service (both from the Special Libraries Association, Washington, DC); and, 1993 Member of the Year Award - Special Libraries Association, Toronto Chapter.

At FIS, students, colleagues and practitioners benefited from her expertise and instruction. Professor Marshall conducted many (graduate) courses, most notably: *Management of Corporate and Other Special Information Centres* and *Health Sciences Information Resources*. She was also responsible for several continuing education courses. Beyond the faculty's walls Professor Marshall has participated, chaired or been a board member of innumerable committees, task forces and conferences, both in Canada and the US. She also holds cross-appointments to the Centre for Health Promotion, the Institute for Human Development, Life Course and Aging, and the Department of Health Administration at the University of Toronto. The latter result from her specific research interests: health information needs and services, evaluation of library and information services, the aging workforce, and competencies of library and information professionals.

She will be greatly missed for her professional acumen, her expertise in a large number of fields and her great sense of humor. All the best at Chapel Hill, Joanne!

[Professor Marshall holds degrees in Community Health (PhD -University of Toronto, 1987); Master of Health Science (McMaster University, 1978); Master of Library Science (McGill University 1968) and a BA (University of Calgary, 1966)].

Internet Grateful Med (IGM) - Update

Version 2.6 of IGM is now available at igm.nlm.nih.gov. Toxline, Bioethicsline, ChemID and many other databases are available via IGM. IGM now uses PubMed's retrieval system for Medline and Pre-medline (only), enabling links to related articles and full-text-participating journals as in PubMed. The IGM User's Guide and online help have been updated to accommodate these changes.

(Forwarded from Jennifer Whitfield, Medlars Coordinator, CISTI. She can be reached at Jennifer.Whitfield@NRC.CA; 1-800-668-1222; FAX 613/952-8244).

Elsevier Changes ILL Policy for Electronic File

In June, responding to longstanding librarians' requests, Elsevier Science announced a more flexible inter-library loan (ILL) policy. Articles from licensed electronic holdings may now be printed and the print copy delivered to the ILL requestor. Note that the new policy does not include the electronic transmission of files from the electronic original. The Association of Research Libraries are encouraged by this Elsevier policy change. Currently most publishers will only permit copies to be made from the print version of a publication.

Canadian Medical Periodicals 1826 -1920 on Microfiche

Originally filmed by the Hannah Institute for the History of Medicine, the Canadian Institute for Historical Microreproductions (CIHM) is offering the microfiche collection Canadian Medical Periodicals 1826-1920. It comprises 56 titles on 2,433 microfiche, and CIHM staff have catalogued the collection in preparation for its inclusion in the Early Canadiana Collection. For more information call (613) 235-2628, fax (613) 235-9752 or send e-mail to cihmcmh@nrc.bnc.ca.

CHLA/ABSC REPRESENTED ON CANADIAN COCHRANE NETWORK

The CHLA/ABSC Board was asked to name a member to serve as an Affiliate Representative to the Canadian Cochrane Network and Centre (CCN/C). The CCN/C is one of 15 national groups working to support the Cochrane Collaboration. Davida Glazer, of the Institute for Clinical Evaluative Sciences and CHLA/ABSC Secretary, was selected to represent the CHLA/ABSC during her two-year tenure with the Board. Davida's role will be:

- to advise the CCN/C on its current activities and future directions,
- to identify and support Canadian members within the CHLA/ABSC who wish to become involved in the Collaboration, and,
- to promote appreciation, dissemination, and application of appropriate systematic reviews of health care interventions within the CHLA/ABSC.

The ISSN Register : Online

The ISSN Register, already available on CD-ROM (ISSN Compact), is now (as of August 1998) also available over the World Wide Web. This database may be searched by directly entering an ISSN or title, or by using the "user friendly form search", or with Boolean syntax. All the fields of ISSN records are indexed. To date, more than 900,000 serials published in 180 countries have been registered and been assigned an ISSN (International Standard Serial Number). The ISSN network is an intergovernmental organization that is based in 67 National Centres and obtains data, at source, from national bibliographies and legal deposit. It identifies more than 40,000 publications annually. For more information about ISSN Online go to <http://www.issn.org/ISSNONLINE.html>.

Benchmarking Tool Kit Available !

ISBN 0-9692171-5-3; soft cover; 82 pages

This useful *Tool Kit* sponsored by the Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada is now available for purchase. This document will be of interest to any librarian who is pursuing continuous quality improvement or performance measurement.

Benchmarking is a key tool for continuous quality improvement. Using the guidelines for data collection and performance measurement in this *Tool Kit*, health and other special libraries will be able to:

- * compare their own performance with pilot project data;
- * benchmark against their own performance over time;
- * or benchmark against one or more partners.

The *Tool Kit* was prepared by Joanne Marshall and Penney Kirby at the Faculty of Information Studies at the University of Toronto in close collaboration with members of the CHLA/ABSC Benchmarking Task Force. Over a year of development and testing went into the *Tool Kit*, which includes precise definitions and detailed, easy to follow instructions for gathering consistent and reliable data. Included in the tool kit are:

- * Step-by-step instructions for building a library profile, collecting data and calculating performance indicators
- * A model Library Services Questionnaire for users
- * Pilot test results for nine sites, including teaching hospital libraries, community hospital libraries, academic health libraries and specialty health libraries
- * A glossary and bibliography

MAIL OR FAX THE FORM BELOW TO:

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AACR2 on CD-ROM

For the first time the *Anglo-American Cataloguing Rules*, 2nd Edition, 1988 Revision will be available on CD-ROM. *AACR2* will be included in *Cataloger's Desktop* in the last quarter of 1998. The Library's Cataloguing Distribution Service (CDS) (of the Library of Congress) distributes two companion cataloguing publications on CD-ROM. *Cataloger's Desktop* provides access to 30 of the most popular LC's cataloging publications, such as: *Library of Congress Rule Interpretations*, *Subject Cataloging Manual* and soon: *AACR2! Classification Plus* contains all new editions of the LC Classification schedules and the *Library of Congress Subject Headings (LCSH)*. For more information, including pricing, go to <http://www.loc.gov/cds/>.

MLA BIBKIT ON OSTEOPATHIC MEDICINE

The Medical Library Association recently released *BibKit #3. Osteopathic Medicine : An Annotated Bibliography and Guide to the Literature*. Compiled by two academic health librarians, it is arranged by topic and focuses on osteopathic medicine as a profession in clinical practice. *BibKit #3* can be ordered from the MLA headquarters Office at a cost of \$15.00 for members and \$20.00 for non-members, plus shipping and handling. To place an order call (312) 419-9094 Ext. 19, or send a fax to (312) 419-8950.

DECIPHERING MEDSPEAK

MLA has developed a new consumer brochure, *Deciphering Medspeak*. It contains definitions of over 100 medical terms, a list of prescription shorthand terms, and tips on identifying quality medical information on the Internet. This resource can be ordered from MLA at a cost of \$10.00 for a pack of 50 for MLA members, \$16.50 for non-members, plus shipping and handling. To place an order use either the phone or fax number provided in the previous item. Single copies of the brochure are available free of charge by contacting Tomi Gunn at mlams@mlahq.org or by calling (312) 419-9094 Ext. 11.

National Network of Health Libraries for Canada

Don't forget to visit the Web site developed by Penney Kirby and Joanne Marshall to keep us all informed about issues and events related to the concept of a national health library network in Canada. While at the site, submit a link to your own health library project and contribute your ideas and opinions to the discussion forum.

<http://www.fis.utoronto.ca/people/faculty/marshall/nnhl/index.htm>

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